

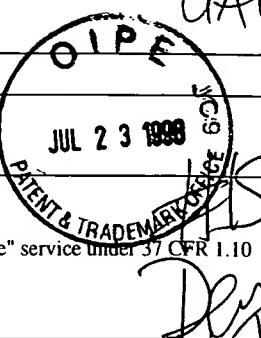
**CONTINUED PROSECUTION APPLICATION
(CPA) REQUEST TRANSMITTAL**
(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

Attorney Docket No. **P50186-2X**

First Named Inventor or Application Identifier

Stephen Dudley Holmes

JUL 23 1998



"EXPRESS MAIL CERTIFICATE"

"EXPRESS MAIL" MAILING LABEL NUMBER **EL085631518US** DATE OF DEPOSIT **JULY 23, 1998**

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to The Assistant Commissioner for Patents, Box CPA, Washington, D.C. 20231.

NAME OF PERSON MAILING PAPER OR FEE
(TYPE OR PRINT) **BRAD SHIRK**

SIGNATURE *Brad Shirk*

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents and chapter 1500 concerning design patent application contents.

1. This is a request for a continuation or divisional application under 37 CFR 1.53(d), (continued prosecution application (CPA)) of prior application number **08/612,929**, filed on **March 7, 1996**, entitled **RECOMBINANT IL4 ANTIBODIES USEFUL IN TREATMENT OF IL4 MEDIATED DISORDERS**
a. AMEND the Attorney Docket No. to:
P50186-2X

Examiner:
Art Group:

2. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. **19-2570**
 General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3))
(Submit an original, and a duplicate for fee processing)

5. This application is filed by fewer than all the inventors named in the prior application 37 CFR 1.53(d)(4)
a. DELETE the following inventor(s) named in the prior nonprovisional application:
b. The inventor(s) to be deleted are set forth on a separate sheet attached hereto.

6. A new Power of Attorney or authorization of agent (PTO/SB/81) is enclosed.

7. **EXTENSION OF TIME PETITION**
Applicants hereby petition for an extension of time for response from the date of the Examiner's action as needed to file the instant CPA Application, the fee being as follows:
 one month extension \$ 110
 two months extension \$ 400
 three months extension \$ 950

3. The filing fee is calculated as shown below:

Basic Filing fee	\$790.00
Total Claims 27 - 20 = 7 x \$22	\$154.00
Independent Claims 10 -3 = 7 x \$82	\$574.00
<input type="checkbox"/> Multiple Dependent Claim present. \$270	
Total Filing Fee	\$1518.00

Cancel in this application original claims _____ of the prior application before calculating the filing fee.

Charge the filing fee	\$1518.00
and the extension of time fee from box 7 (if necessary)	\$950.00

TOTAL **07/27/1998** **00000052 192570 08612929** **\$2468.00**

01 **FC:131** Charge **\$2468.00** to the above indicated Deposit Account.
02 **FC:102** Enter the indicated amendment previously filed on: **07/27/1998**
03 **FC:103** **154.00 CH**
04 **FC:117** **950.00 CH** under 37 CFR 1.116 in the prior non-provisional application.

ACCOMPANYING APPLICATION PARTS

8. Information Disclosure Statement (IDS) and PTO-1449
 Copies of all IDS Citations

9. Preliminary Amendment [Total Pages] _____

10. Return Receipt Postcard (MPEP 503)
RECEIVED
(Should be specifically itemized)

JUL 28 1998

11. Other: **MATRIX CLASSIFIER
SERVICE CENTER**

12. CORRESPONDENCE ADDRESS

Address **SMITHKLINE BEECHAM CORPORATION**
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, PA 19406-0939

Telephone (610) 270-5364 Fax (610) 270-5090

13 RESPECTFULLY SUBMITTED,

Signature
Name

Alissa M. Eagle
Alissa M. Eagle

Registration No. **37,126**

**CONTINUED PROSECUTION APPLICATION
(CPA) REQUEST TRANSMITTAL**

(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

Attorney Docket No. **P5018**

First Named Inventor or Application Identifier

Stephen Dudley Holmes



"EXPRESS MAIL CERTIFICATE"

"EXPRESS MAIL" MAILING LABEL NUMBER **EL085631518US**

DATE OF DEPOSIT **JULY 23, 1998**

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NAME OF PERSON MAILING PAPER OR FEE
(TYPE OR PRINT)

BRAD Shinn SIGNATURE *Brad Shinn*

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<p>4. <input type="checkbox"/> Enter the unentered amendment previously filed on: _____ under 37 CFR 1.116 in the prior non-provisional application.</p>	<p>9. <input type="checkbox"/> Preliminary Amendment [Total Pages] _____</p> <p>10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized).</i></p> <p>RECEIVED</p> <p>JUL 28 1998</p> <p>11. <input type="checkbox"/> Other: MAILING POSTMASTER SERVICE CENTER</p>																

12. CORRESPONDENCE ADDRESS

Address **SMITHKLINE BEECHAM CORPORATION**
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Telephone (610) 270-5364 Fax (610) 270-5090

13 RESPECTFULLY SUBMITTED,

Signature
Name

Alissa M. Eagle

Registration No. **37,126**

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number

08/612929

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	26 minus 20 =	* 6
INDEPENDENT CLAIMS	10 minus 3 =	* 7
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
	395.00		760
OR x\$11=		OR x\$22=	790.00
OR x41=		OR x82=	108
+135=		+270=	546
TOTAL		TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL ADDIT. FEE			OR TOTAL ADDIT. FEE

AMENDMENT A

CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
(Column 1)	(Column 2)	(Column 3)		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL ADDIT. FEE			OR TOTAL ADDIT. FEE

AMENDMENT B

CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
(Column 1)	(Column 2)	(Column 3)		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL ADDIT. FEE			OR TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.